



TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/664,871	
	Filing Date	09/22/2003	
	First Named Inventor	JOHNSON, J. et al.	
	Art Unit	3727	
	Examiner Name		
Total Number of Pages in This Submission	3	Attorney Docket Number	P040 P01023-US

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Stephen J. Holmes, #34,621 BARLOW, JOSEPHS & HOLMES, LTD.	
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Date	3/5/04	

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PTO/SB/82 (08-03)

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**REVOCATION OF POWER OF
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APPOINTMENT OF NEW
POWER OF ATTORNEY**

Application Number 10/664871

Filing Date September 22, 2003

First Named Inventor SKILLIN

Art Unit 3727

Examiner Name n/a

Attorney Docket Number P01023-US

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners at Customer Number:

003017

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
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Individual Name

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Country

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I am the:

☒ Applicant/Inventor☐Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37CFR 3.73(b) is enclosed (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name Joseph F. Johnson

Signature

Date

MARCH 3 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Application Number 10/664871

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First Named Inventor SKILLIN

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Examiner Name n/a

Attorney Docket Number P01023-US

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Individual Name

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I am the:

☒ Applicant/Inventor☐ Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37CFR 3.73(b) is enclosed (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name Clifford W. Skillin

Signature 

Date 3/3/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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